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1c903 U.S. PTO

PATENT APPLICATION  
Attorney's Do. No. 8371-109

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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DATE OF DEPOSIT: AUGUST 24, 2000

I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

AMANDA HALE-WISENER  
(SENDER'S PRINTED NAME)

*Amanda Hale-Wisener*  
(SIGNATURE)

1c936 U.S. PTO  
09/04/05

08/24/00

Box Patent Application  
Assistant Commissioner for Patents  
Washington, DC 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of: Philip Orrin Wheeler entitled PAPER PREVIEWER FROM PRELOADED INFORMATION

This application is a [ ] continuation, [ ] divisional, [ ] continuation-in-part of prior application Serial No. \_\_\_\_\_.

Enclosures:

- ☒ Specification (pages 1-7); claims (page 8); abstract (page 9)
- ☒ 4 sheets of formal drawings
- ☒ Declaration or Combined Declaration and Power of Attorney
  - ☒ Newly executed
  - ☐ Copy from a prior application (37 CFR 1.63(d))
  - ☐ Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
  - ☐ Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☐ Power of Attorney
- ☒ Assignment with cover sheet
- ☐ Certified copy of priority document:

- ☐ Information Disclosure Statement with Form PTO 1449  
☐ Copies of references listed on attached Form PTO-1449  
☐ Preliminary Amendment

CLAIMS AS FILED				
For	Number Filed	Number Extra	Rate	Basic Fee \$690.00
Total Claims	14-20	0	x \$ 18.00 =	
Independent Claims	3-3	0	x \$ 78.00 =	
Multiple Dependent Claim Fee			x \$260.00 =	
TOTAL FILING FEE				\$690.00

- ☐ Cancel in this divisional application original claims \_\_\_\_\_ of the prior application Serial No. \_\_\_\_\_ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)

☒ A check in the amount of \$730.00 to cover ☒ filing fee (\$690) and ☒ assignment recordal fee (\$40) is enclosed.

☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON  
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